

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
NCLEX® EXAMINATION ACCOMMODATIONS REQUEST FORM

Directions: Candidate should complete all questions for demographic data at the top of page 1 and select the type of accommodation requested, from the list on pages 1 and 2.

Candidate Name _____

Address _____

Home Phone _____

Examination Applied for RN _____ PN _____

Approximate Test Date Preferred by the Candidate _____

Test Center Preferred by the Candidate _____

Clinical Diagnosis of Disability (where applicable, list DSM Code Number and Title) _____

Accommodations Requested

_____ **Extra Time – 3 hours**

8 hours total possible testing time over 1 day. The candidate is given an additional 3 hours to complete the exam. Scheduled, optional breaks offered after 2, 4, and 6 hours of exam time.

_____ **Extra Time – 4 hours**

9 hours total possible testing time over 1 day. The candidate is given an additional 4 hours to complete the exam. Scheduled, optional breaks offered after 2, 4, and 6 hours of exam time.

_____ **Extra Time – Double Time 2 Days**

10 hours total possible testing time over 2 days. Testing session stops after 5 hours each day. The exam time is doubled and the candidate is given two days to complete the exam. Scheduled, optional breaks offered after 2 and 3.5 hours of exam time on both days.

_____ **Extra Time – Other**

Candidate is given a custom amount of extra testing time along with optional breaks scheduled as indicated by testing time. The Board of Nursing must specify the total possible length of the testing session.

_____ **Aid**

Candidate is permitted to bring and use an aid specified by the Board of Nursing. The candidate provides the aid.

Please specify request _____

_____ **Adjustable Font Size**

The candidate can adjust the size of the text displayed on the screen. If a large font is selected, the candidate may need to scroll (using arrow keys) within the test question.

_____ **Adjustable Contrast**

The candidate can change the text and background colors so that exam items display in a higher or lower contrast.

Candidate Name _____

_____ **Equipment**

Candidate is permitted to use specified equipment during the exam. The testing center provides the equipment. Options available are: adjustable height table, adjustable swivel arm for the keyboard, anti-glare overlay for the monitor, color overlay for the monitor, enlarged keyboard, or other.

The Board of Nursing must specify the type of equipment.

Please specify request _____

_____ **Other**

A non-standard accommodation is requested. The Board of Nursing must provide details.

_____ **Separate Room**

The exam must be delivered in a private testing environment.*

_____ **Separate Room & Reader**

A reader is approved to assist the candidate. The exam must be delivered in a private testing environment.*

_____ **Separate Room & Recorder**

A recorder is approved to assist the candidate. If a reader has been approved, this person will also serve as the recorder. The exam must be delivered in a private testing environment.*

_____ **Sign Language Interpreter**

A sign language interpreter is approved to assist the candidate in communicating with the test administrator.

* The candidate must either take the exam in a separate room or must be the only person taking an exam in the main testing room.

The Board of Nursing (or designee) has determined that the above-named candidate is qualified for testing accommodations.

The Board of Nursing (or designee) is familiar with current National Council policies and procedures related to testing accommodations and has determined that the requested accommodations are in accord with the intent expressed in the policy statement and with the specific requirements set forth in the procedure.

Documentation review required by the Board of Nursing (or designee) prior to making this request for testing accommodations. All three types of documentation must be reviewed. Please check below to verify each type of documentation was reviewed. (Please attach a copy of any documents that specifically describe the nature of equipment requested. This will help the test service obtain the appropriate equipment.)

_____ Letter from candidate requesting accommodations.

_____ Letter of diagnosis from qualified medical professional.

_____ Letter from nursing education program indicating what accommodations, if any, were granted by that program. If no accommodations granted, check her for not applicable. _____

_____ **Please check here if the candidate is a repeater who has previously been approved to test with accommodations. This will allow National Council staff to locate the candidate's previous file and integrate the records.**

Member Board Representative _____
(Signature)

Title _____

Jurisdiction _____ Date _____